Parent Waiver of Confidentiality
Free and Reduced Price Meal Determination
And Co-Curricular & Athletic Programs

I, the undersigned, hereby request and authorize the D.C. Everest Area School District to release information to D.C. Everest Junior High School regarding the status of eligibility for free meals (or free milk) or reduced price meals. I understand that the signing of this waiver is not an additional requirement or a prerequisite for participation on any of the school nutrition programs. I further understand that in no event will the School Food Authority indicate that my household is eligible for food stamps or AFDC or the Food Distribution Program for Indian Children. This information will be used by D.C. Everest Junior High School for the consideration to exempt or reduce fees for co-curricular and athletic programs.

_____	_____	D.C. Everest Junior High
Student Name	Grade	School

_____ _____
Signature of Parent or Legal Guardian Date

D.C. Everest Junior High agrees to limit the use of information received from the School Food Authority for the purpose to consider fee reduction or exemption for co-curricular and athletic programs and for no other purpose.

_____ _____
Signature of Agency Representative Date

Completed by Parent/Guardian

I request verification that the above mentioned student qualifies for:

- ☐ free meals. (exempt from fees)
- ☐ reduced price meals. (fees reduced by 50%)

_____
Signature of Parent/Guardian

_____
Date

Completed by School Food Authority

I hereby verify that the above mentioned student qualifies for:

- ☐ free meals.
- ☐ reduced price meals.
- ☐ no free or reduced price meal benefits.

_____
Signature of School Food Authority Representative

_____
Date

Return this form to the Junior High School Main Office.